

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90365 016 \*\*\*150.00

**DOCUMENT # P00000069561**

1. Entity Name

**ALCON MIAMI CORPORATION**

Principal Place of Business

C/O DAVID TU. ESQ.  
 3001 SW 3RD AVE  
 MIAMI FL 33129

Mailing Address

C/O DAVID TU. ESQ.  
 3001 SW 3RD AVE  
 MIAMI FL 33129

2. Principal Place of Business

**152 NE 167 STREET**

3. Mailing Address

**152 NE 167 STREET**

Suite, Apt. #, etc.

**405**

Suite, Apt. #, etc.

**405**

City & State

**NORTH MIAMI, FL**

City & State

**NORTH MIAMI, FL**

Zip

**33162**

Country

**DADE**

Zip

**33162**

Country

**DADE**

4. FEI Number

**65-1027966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TU, DAVID J**  
**3001 SW 3RD AVENUE**  
**MIAMI FL 33129**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMIREZ, FERNANDO</b> <b>4TH FLR NO 480-5 SEC 6 YEN PING N RD</b> <b>SHIH LIN TALPEI TAIWAN ROC</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LU, RICKEY</b> <b>4TH FLR NO 480-5 SEC 6 YEN PING N RD</b> <b>SHIH LIN TALPEI TAIWAN ROC</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23, 2001**

Date

**(305) 944 8868**

Daytime Phone #

CR2E034 (10/00)